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CONFIRMATION NO. 4326

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| SERIAL NUMBER 10/710,327 | FILING OR 371(c) DATE 07/01/2004 RULE | CLASS 713 | GROUP ART UNIT 2131 | ATTORNEY DOCKET NO. 70655.2500 |
| APPLICANTS David S. Bonalle, New Rochelle, NY; Glen Salow, Holmdel, NJ; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance | | STATE OR COUNTRY NY | SHEETS DRAWING 22 | TOTAL CLAIMS 46 |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>4/16/07</i> | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS 66170 | | | | |
| TITLE METHOD AND SYSTEM FOR KEYSTROKE SCAN RECOGNITION BIOMETRICS ON A SMARTCARD | | | | |
| FILING FEE RECEIVED 1368 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |